

AN 23 1939

LA. FEB. 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3874
Do not use this space.

1. PLACE OF DEATH
 (a) County ST. LOUIS Registration District No. 7824
 (b) Township _____ Primary Registration District No. 111 Registered No. 131
 (c) City RIENMOND HEIGHTS (d) Street No. Orleans St. St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 514 INFANT VENABLE
 (a) Residence, No. 1863 MENARD ST. ST. LOUIS, MO. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 19, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO.
 13. NAME NICK VENABLE
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CRYSTAL CITY MO.

MOTHER 15. MAIDEN NAME MARY CALDWELL
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

17. INFORMANT NICK VENABLE
 (ADDRESS) 1863 MENARD ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. MATHEW CEM. DATE 1/23/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) NICK BROS. AND CO. 2201 S. HAZARD AVE. ST. LOUIS

20. FILED JAN 23 1939 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/21/39 - 11:20 AM, 1939, to 1/21/39 - 2:58 PM, 1939.
 I last saw him alive on 1/21/39, 1939. Death is said to have occurred on the date stated above, at 2:55 PM.
 The principal cause of death and related causes of importance were as follows:
Atelethia of left lung
Congestive heart ???

Other contributory causes of importance: 1591 C

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1939
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) C. F. Hamilton, M. D.
 (Address) St. Mary's Hospital
St. Louis Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.